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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cambodia
Institutional Strengthening and Family Health Improvement through Birth Spacing

Proposed UNFPA assistance:	$1.5 million, of which $1.3 million would be programmed from UNFPA regular resources, and $200,000 would be provided by the Government of the United Kingdom of Great Britain and Northern Ireland.
Estimated value of the Government's contribution:	330 million riels (approx. $132,000)
Duration:	Three years
Estimated starting date:	August 1994
Executing agencies:	Government of Cambodia United Nations Population Fund World Health Organization
Government coordinating agency:	Ministry of Health

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Cambodia

Demographic facts

Population (000)		Average annual change (000)	
Total	10,251	Population increase	277
Males	4,938	Births	408
Females	5,312	Deaths	132
Sex ratio (/100 females)	93.0	Net migration	1
Urban	2,123	Annual population total (% growth)	2.54
Rural	8,128	Urban	5.61
Per cent urban	24.1	Rural	1.65
Population in year 2000 (000)	11,637	Crude birth rate (/1000)	37.3
Functional age groups (%)		Crude death rate (/1000)	12.1
Young child: 0-4	17.6	Net migration rate (/1000)	0.2
Child: 5-14	27.3	Total fertility rate (/woman)	4.86
Youth: 15-24	16.5	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	4.2	Gross reproduction rate (/woman)	2.37
65+	2.6	Net reproduction rate (/woman)	1.88
Percentage of women aged 15-49	47.0	Infant mortality rate (/1000)	102
Median age (years)	18.0	Maternal mortality rate (/100,000)	..
Dependency ratios: total	90.7	Life expectancy at birth (years)	
(/100) Aged 0-14	85.7	Males	52.8
Aged 65+	5.0	Females	55.4
Agricultural population density		Both sexes	54.1
(/hectare of arable land)	1.8	GNP per capita (U.S. dollars, 1992)	..
Population density (/sq. km.)	57		

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a project to assist the Government of Cambodia in setting up an integrated maternal and child health and birth-spacing (MCH/BS) programme over a three-year period, starting August 1994. The assistance for the project would total $1.5 million, of which $1.3 million would be programmed from UNFPA's regular resources and $200,000 would be provided by the Government of the United Kingdom of Great Britain and Northern Ireland.

2. Cambodia is emerging from a prolonged period of internal conflict that has destroyed or seriously damaged the country's infrastructure, including its health infrastructure. The levels of maternal, child and infant mortality are unacceptably high, and the services needed to ameliorate this situation require extensive external assistance. In addition, following years of population decline, the Government does not consider current levels of population increase as detrimental to the advances that are being made in the country's economic situation. The proposed project therefore focuses on child-spacing as a way of bringing health benefits to mothers and children and includes an educational component designed to create awareness among the country's leaders of the benefits of birth-spacing.

3. The proposed project would concentrate on providing basic MCH/BS services in five priority provinces and in the municipality of Phnom Penh, which between them contain over half of the country's population. The project would concentrate on infrastructural and staff-training needs at the provincial level as a first step in extending MCH/BS services to the district and commune levels. A large part of the training activities would be directed at instructing health-care staff in motivational techniques so that they can spread the message about the value of birth-spacing more widely throughout the areas in which the project will be implemented.

II. BACKGROUND

4. Cambodia is just now emerging from a long period of internal conflict, political instability and international isolation. With the recent establishment of a new Government, the country is ready to start the long process of recovery. Reconstruction and development activities are now in full progress with the concerted international effort to help Cambodia.

5. The long period of internal conflict caused a large number of deaths, particularly among adult males, so that now females account for 55 per cent of the total population. In addition, the conflict left approximately 30,000 people severely handicapped, most of them men. As a result, it is estimated that over one-third of the households in Cambodia are headed by women. In view of the high incidence of abortion, the extremely high levels of maternal mortality and the generally low status of women, the overall situation of Cambodian women and children is considered to be among the most difficult in the world.

6. Demographic data on Cambodia are quite limited and often unreliable. Official data available from the Ministry of Planning are largely based on partial enumerations, village-level statistics and national administrative records.

7. According to the latest estimates prepared by the United Nations Transitional Authority in Cambodia (UNTAC) in conjunction with the recent election, the population of Cambodia in 1993 was 8.8 million, with an average annual growth rate of 2.5 per cent. Estimates from hospital records and limited surveys show a maternal mortality rate of about 900 per 100,000 live births. However, since only 7 to 10 per cent of all deliveries are assisted by trained health workers, it is not unreasonable to assume that the actual maternal mortality rate could be much higher. Other demographic indicators from various sources indicate that the country has a crude birth rate of 40 to 48 per 1,000; a total fertility rate of 4 to 5 births per woman; a contraceptive prevalence rate of less than 5 per cent; an infant mortality rate of 110 to 130 per 1,000 live births; and an average life expectancy of 50 years. (See the demographic fact sheet on p. 2 for the latest United Nations estimates.)

8. With 45 per cent of the population below 15 years of age, Cambodia is expected to have a significant population increase in coming years. The increase is likely to be far in excess of economic growth and of the absorptive capacity of the country's health and educational infrastructure. At present, Cambodia does not have a national population policy or programme; nor do government policies support the provision of family planning services. While liberal reforms of the last few years have increased the availability of imported contraceptives, those obtainable on the free market are financially accessible only to a privileged few. However, according to hospital records and the findings of limited surveys, the practice of abortion is widespread, and this suggests the existence of unmet demand for family planning services.

9. Growing concern for maternal and child health led the Government in 1991 to agree in principle to a policy of providing voluntary birth-spacing services as a means of promoting better maternal and child health. This policy also envisaged integrating birth-spacing services into the National Maternal and Child Health Programme. More recently, the Ministry of Health produced a National Maternal and Child Health Plan (1993-1996), which also supports a birth-spacing programme with the following two objectives: (a) to increase the average length of time between births and subsequent conception to at least two years for 30 per cent of women of child-bearing age by the end of 1996; and (b) to work with other government and non-governmental agencies to develop policies to help reduce the number of unwanted pregnancies.

10. Currently, however, most MCH services do not include birth-spacing services. This is due in part to the lack of contraceptive supplies, technical knowledge and requisite skills and in part to the lack of resources required to set up such services. As a result, Cambodia has limited national capability to promote, provide and sustain a birth-spacing programme as an integral component of the MCH programme. However, the limited experience gained by the Ministry of Health in implementing pilot birth-spacing activities supported by Family Planning International Assistance and Medecins sans Frontières seems to indicate that the service outlets of the Ministry of Health at the

provincial, district and commune levels are capable of providing effective services if health staff are adequately trained and if equipment and supplies are made available.

11. The Maternal and Child Health Institute (MCHI) within the Ministry of Health is responsible for maternal and child health programmes. The decentralized management and planning system rests on a hierarchy of health facilities ranging from commune infirmaries to central hospitals in the capital. Starting in the 1970s, the Government began to rebuild health facilities and to substantially expand the public health system. Despite the resulting growth of the public-health infrastructure, facilities remain grossly inadequate, and substantial disparities in quality of care and availability of medicines exist between Phnom Penh and the rest of the country, as well as among the various provinces. The training of health personnel, resumed in 1980, has remained insufficient and is oriented towards curative activities. Cambodia's average ratio of one physician for every 16,000 persons is the lowest in Asia, and the distribution of health personnel is heavily weighted towards urban areas.

III. THE PROPOSED PROJECT

12. The long-term objectives of the proposed project are: (a) to improve the health of mothers and children in Cambodia as a whole; and (b) to reduce maternal, child and infant morbidity and mortality rates by providing quality birth-spacing services as an integrated component of the MCH programme in five priority provinces (Battambang, Kampong Cham, Kampong Chhnang, Kandal, Prey Veng) and in Phnom Penh municipality. These areas make up over half the total population of Cambodia.

13. In order to reach these long-term objectives, it is necessary to integrate birth-spacing services effectively into existing MCH services; to continue to improve the quality of MCH/BS services offered once they are integrated; and to make such services more widely available throughout the country. This will require, as important first steps, consolidating the existing birth-spacing services in Phnom Penh and surrounding areas and establishing birth-spacing clinics in six provincial hospitals, 25 district hospitals and/or MCH/BS service centres, as well as 250 clinics at the village or commune level. These birth-spacing clinics will also serve as motivational centres and resupply points.

14. The overall strategy of the programme will be to develop the institutional capacity of the Maternal and Child Health Institute to manage the MCH/BS programme; train trainers and health staff in providing integrated MCH/BS services; provide adequate supplies of medical equipment and contraceptives; and produce and disseminate information, education, communication and motivational (IECM) materials. This will entail establishing a framework to guide the implementation and monitoring of MCH/BS activities by the end of the first year of the project by developing policies, protocols and standards of quality of care; by setting up a management information system (MIS), which will be integrated with the MIS being developed by the Ministry of Health; and by upgrading the basic education curricula for various levels of health personnel.

15. These activities would be implemented in stages, first focusing on the development of integrated MCH/BS services in the urban areas of selected provinces and then gradually expanding these services to a few districts within each province in order to ensure the quality of care and service delivery. The project would mobilize trainers to provide a wide range of training to health workers at the provincial, district and commune levels. Emphasis would also be given to developing IECM capabilities, including training in counselling techniques.

16. A primary focus of the project would be to strengthen the institutional capacity of the Ministry of Health by providing a one-year overseas post-graduate fellowship in public health for two staff members of the Ministry and short-term fellowships for six senior Ministry officials in a number of specialized topics in the area of MCH/BS. Support would also be provided to enable two senior officials from the Ministry of Health to participate in an international conference or seminar each year and to enable 15 senior officials to participate in a study tour to other Southeast Asian countries. In addition, a pool of senior managers from the MCHI would be selected and trained to serve as core trainers of the birth-spacing programme. The project would provide support to organize high-level conferences, with participants from key ministries and from the five priority provinces and Phnom Penh municipality, to sensitize senior officials to the socio-economic and health benefits of the MCH/BS programme.

17. Improving MCH/BS services will require establishing a programme management team at the central level as well as regional management teams in the selected provinces. The regional teams would be responsible for managing and implementing the programme in their respective areas, for disseminating information and for training health workers at the district and commune levels.

18. Since health services at the district level are generally considered inadequate to handle life-threatening cases, such cases must be referred to provincial hospitals. The proposed project therefore would focus on strengthening the central and regional teams to ensure that quality MCH/BS services are being provided at the provincial hospitals before extending such services to the district and commune levels. Selected staff at the provincial level would be trained in management and supervision, while others would be trained in developing the service protocols needed to maintain high quality of care. Those trained would then be deployed to train district and commune level workers, perform supervisory activities and to carry out motivation campaigns.

19. In 1991, it was estimated that there were approximately 9,500 health workers in Cambodia, including medical assistants, nurses and midwives. However, most of these health workers have received very poor training and thus do not have the practical skills needed to perform their duties. This training has not given appropriate attention to public health principles, nor has it been particularly relevant to prevailing working conditions. The proposed project would therefore develop training courses for health workers that focus on their specific needs, including training in MCH/BS techniques, in communication and counselling techniques, in the collection and utilization of health data, and in monitoring and evaluation techniques.

20. The project would also provide training for a core group of officers from the Cambodian Women's Association on birth-spacing methods, as well as on motivational and counselling skills.

The Cambodian Women's Association has a strong community network in the provinces, and those trained would be able to conduct training activities for women at both the provincial and village levels.

21. A key activity of the project would be to develop a framework for the effective implementation of the MCH/BS programme. This would include establishing policies, protocols and standards of care and incorporating them into the existing training curricula in educational institutions for various levels of health personnel and conducting a review and subsequent update of the management information system to incorporate health indicators relevant to birth-spacing. Appropriate IECM materials for selected audiences would be produced and disseminated to provide information on the contraceptive methods and services available in the country. Efforts would be made to ensure that these materials are sensitive to local cultures and traditions. The materials would be distributed through the Cambodian Women's Association, other NGOs, health centres and other outlets. Motivational materials would also be developed for health and commune workers. The project would also provide assistance to produce IECM materials to address the issue of sexually transmitted diseases including HIV/AIDS.

22. The project proposes to conduct regular coordination meetings with NGOS and other agencies involved in the MCH/BS programme in order to maximize the exchange of the experiences gained and to share the most appropriate strategies. This would benefit from the special forum for NGOs working in the health field, notably Medicam, that has already been set up for this purpose. NGOs and other agencies would be also invited to participate in planning meetings, workshops and certain training activities.

23. All activities under the proposed project, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Related activities

24. International assistance in the health sector has been provided mostly by the countries of the former Soviet Union and Eastern Europe, by UNICEF and by international NGOs. This support has included the training of staff and the development of health infrastructure, notably of hospitals and pharmaceutical factories. UNICEF has assisted the Government in developing a maternal health programme based on providing prenatal, delivery and post-natal care and emphasizing nutrition and birth spacing. In 1991, a pilot project was introduced by Family Planning International Assistance at the 7th January Hospital. This included training of doctors in family planning techniques, developing a framework to deliver family planning services, and establishing protocols for service delivery. Several other organizations have played significant roles in introducing birth-spacing activities in selected districts and communes, including Redd Barna, John Snow, Inc., Save the Children Fund, Medecins sans Frontières, Swedish Red Cross, Care International and World Vision.

25. In all of these activities there has been a lack of standardized approach and coordination. Thus, in order to make optimal use of external resources, the Government will need to formulate policies, protocols and guidelines to standardize activities throughout the country.

26. It should be noted that the programmes of various NGOs, bilateral donors and UNICEF, which are concentrated in specific provinces, have been taken into account in the formulation of this project proposal to ensure optimal coordination and to avoid overlap. The project would also complement the activities of women's groups and youth organizations as well as the activities of other ministries. The Ministry of Health would serve as the liaison with specialized groups and government ministries to increase the awareness and impact of the MCH/BS programme.

Institutional framework and coordination

27. The long absence of a recognized central government resulted in a decentralized system at the provincial level that has created great disparities in the management of the health-care system and the delivery of health-care services among the regions. Such disparities were magnified as different provinces competed with one another for donor assistance. With the recent consolidation of the new Government, however, the Ministry of Health will assume a leading role at the central level in coordinating and managing the overall MCH/BS programme at all levels -- national, district and commune.

28. Recently, the Ministry of Health established a Coordinating Committee (COCOM) to coordinate the various activities of the government, NGOs and United Nations agencies. Under the overall framework of the Ministry of Health, the proposed project would be implemented by the MCH/BS Programme Management Team with the assistance of the project's Chief Technical Adviser and United Nations Volunteers and would be jointly executed by, the Ministry of Health, the World Health Organization and UNFPA.

Project monitoring, evaluation and management

29. While the overall responsibility for the management of the proposed project would be assumed by the Government, its implementation would be monitored in accordance with standard UNFPA guidelines, including annual project reviews and project reports. At the end of the first year, a project evaluation would be undertaken by the UNFPA Country Support Team based in Bangkok in close collaboration with the Government and with other organizations and agencies as appropriate. The results of this evaluation will determine which aspects of the project should be modified, as well as the pace at which services should be extended to other districts within the five selected provinces.

30. UNFPA would assist the Government in developing the country's capacity to implement the proposed project. At the national level, there is limited opportunity to train staff who can undertake the technical tasks needed for monitoring, evaluating and managing the programme. The proposed project, therefore, plans to provide comprehensive training for both government staff and UNFPA staff to accelerate the process of implementation as well as to develop a systematic scheduling of annual reviews of the project.

Financial summary

31. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $1.5 million, over the three-year period 1994-1997, of which $1.3 million would be programmed from UNFPA regular resources, and $200,000 would be provided by the Government of the United Kingdom of Great Britain and Northern Ireland. The following table depicts how the project components would accommodate these two levels of funding.

	UNFPA regular resources $	Other resources $	Total $
Personnel	300,000	200,000	500,000
Sub-contracts	50,000	-	50,000
Training	400,000	-	400,000
Equipment	500,000	-	500,000
Miscellaneous	50,000	-	50,000
Total	1,300,000	200,000	1,500,000

IV. RECOMMENDATION

32. The Executive Director recommends that the Executive Board approve the project for Cambodia as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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